

Application Data Sheet

Application Information

Application number::
Filing Date:: 04/14/04
Application Type:: Regular
Subject Matter:: Utility
Title:: METHODS AND APPARATUS FOR
OBTAINING ENDOLUMINAL ACCESS

Attorney Docket Number:: 021496-000700US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1B
Total Drawing Sheets:: 6
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: VAHID
Family Name:: SAADAT
City of Residence:: Saratoga
State or Province of Residence:: CA
Street of Mailing Address:: 12679 Kane Drive
City of Mailing Address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: DESMOND
Family Name:: BIRKETT
City of Residence:: Boston
State or Province of Residence:: MA
Street of Mailing Address:: 8 Charles River Square
City of Mailing Address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02114-3266

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHRIS
Family Name:: ROTHE
City of Residence:: San Jose
State or Province of Residence:: CA
Street of Mailing Address:: 1593 Sabina Way
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	TRACY
Family Name::	MAAHS
City of Residence::	Rancho Santa Margarita
State or Province of Residence::	CA
Street of Mailing Address::	11 Paseo Simpatico
City of Mailing Address::	Rancho Santa Margarita
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	92688

Correspondence Information

Correspondence Customer Number::	20350
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Representative Information

Representative Customer Number::	20350
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Assignee Information

Assignee Name::	USGI Medical Corp.
Street of mailing address::	3511 Thomas Road, Suite 1
City of mailing address::	Santa Clara
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	92688